

WORLD TRAVEL SERVICE * National Institutes of Health

Frequent Traveler Profile Form

6010 Executive Blvd., Suite 102 - Rockville, Maryland 20852 - Telephone: 301-816-2160 - Fax: 301-816-0715 - E-mail: WTS@mail.nih.gov

Please complete this form and return it to the WORLD TRAVEL SERVICE office. It will save time when you make a reservation.

TRAVELER INFORMATION

Traveler Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.:	ICD/Division:	
Title:		E-mail:	
Business Address:		Telephone:	
City/State/Zip Code:		Fax:	
Home Address:		Telephone:	
City/State/Zip Code:		Fax:	
Secretary/Assistant:		Asst.'s Phone:	
Passport Number:		Country:	
Driver's Lic. No.:		State/Country:	
Usual Billing-Charge to:	<input type="checkbox"/> Gov't American Express <input type="checkbox"/> Gov't Account <input type="checkbox"/> Personal Credit Card <i>(May be changed for each trip.)</i>		
Gov't Individual Card Co.:		Number:	Expires:
Personal Credit Card Co.:	A.	Number:	Expires:
Personal Credit Card Co.:	B.	Number:	Expires:

TRAVEL PREFERENCES

Seating:	<input type="checkbox"/> Window <input type="checkbox"/> Aisle <input type="checkbox"/> Smoking If Available <input type="checkbox"/> Non-smoking <i>(If no preference, WTS will assume Aisle, Non-smoking)</i>		
Class of Service:	<input type="checkbox"/> First <input type="checkbox"/> Business <input type="checkbox"/> Coach <i>(Business & First Class require prior approval.)</i>		
Meals: (If Available)	<input type="checkbox"/> LowFat <input type="checkbox"/> LowCal <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> Fish <input type="checkbox"/> Other _____		
I <input type="checkbox"/> will <input type="checkbox"/> will not accept an Electronic Ticket (E-ticket). <i>(No ticket to worry about: simply pick up your Boarding Pass at the Airport Departure Gate.)</i>			

AIRLINE PREFERENCES

1.	3.	5.	7.
2.	4.	6.	8.

HOTEL/CAR RENTAL PREFERENCES

Hotel	Type Room/Special Needs	Car Rental Companies	Type Car/Special Needs
1.		1.	
2.		2.	
3.		3.	

FREQUENT FLYER/USER PROGRAMS

Airline/Hotel/Car Rental Company	Account Number(s)	Name (If Different)

I authorize that reservations be charged to: ☐ Individual Gov't Credit Card ☐ Government Credit Account and that reservation guarantees be charged to my ☐ Individual Gov't Credit Card ☐ Personal Card A, ☐ Personal Card B

Signature

Name *(Printed or Typed)*

Date

Revised February 1, 2000